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NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: 09/644121

Fees / Fee Calculations

Fee Code	Description	Fee Type	Fee Amount	To Pay
Basic Filing Fee	<u>345</u>		<u>345</u>	<u>345</u>
Total Claims Fee	<u>345</u>		<u>345</u>	<u>345</u>
Independent Claims Fee	<u>345</u>		<u>345</u>	<u>345</u>
Mult. Dep. Claim Fee(s)	<u>345</u>		<u>345</u>	<u>345</u>
Surcharge	<u>0</u>		<u>0</u>	<u>0</u>
Excess Transmittal	<u>0</u>		<u>0</u>	<u>0</u>
<u>TOTAL FEE DUE</u>			<u>410</u>	<u>410</u>

Fees due upon filing the application

Total Filing Fees Due = 410.00

Less Filing Fees Submitted 0

BALANCE DUE = 410.00

Field Office
Office of Legal Patent Examiners

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/644121

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	7	minus 20 = * —
INDEPENDENT CLAIMS	1	minus 3 = * —
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY
TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
	345.00		690.00
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL	345	OR TOTAL	

OTHER THAN
SMALL ENTITY OR

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		X\$18=	
X39=		X78=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** 20 = ---
	Independent	*	Minus	*** 3 = ---
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.